



City of Bloomington
Parks & Recreation

Program Registration Form

Hours: 8 a.m. - 5 p.m.

Phone: 812-349-3700

Fax: 812-349-3705

Name _____

(parent/guardian if participant is under 18 or under legal guardianship)

Street Address _____

City _____ State _____ Zip _____

City of Bloomington Resident? Yes No

*If you are unsure of your residency status, please call 349-3700.

How did you hear of this program? Program Guide Newspaper Flyer Friend E-Mail Website Previous Participant Other _____

Participant Name M/F Birthdate Program Name T-shirt Size/Short Size Class Code # Fee

Inclusive Service Request:

Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one) **YES** **NO**
If **YES**, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. *In some cases reasonable accommodations may take longer.*

Include Your Voluntary Donation

- ☐ Youth Scholarship Fund
☐ Bloomington Tree Fund
☐ Bloomington Parks and Recreation Foundation

\$1
\$3
\$5
Other \$ _____

Total \$ _____

The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Signature (parent/guardian if participant is under 18 or under legal guardianship) _____

Date _____

Method of Payment:

Cash (do not mail cash) _____
Check or Money Order _____
Visa/Mastercard # _____
Expiration Date _____
Signature _____

Make check or money order payable to:
Bloomington Parks and Recreation
Department

Mail registrations to:
Bloomington Parks and Recreation
P.O. Box 848
Bloomington, IN 47402